



**INDIANA UNIVERSITY
NORTHWEST**

REQUEST FOR MEDICAL INFORMATION

Dear Doctor, Psychologist, or Qualified Diagnostician,

The student has recently requested accommodations from the Office of Disability Resources at Indiana University Northwest on the basis of a diagnosed disability. By current definition, an individual is considered to be disabled if he or she meets one of the following criteria:

1. Has a physical or mental impairment that substantially limits one or more major life activities (functions such as walking, hearing, seeing, breathing, learning, speaking, or performing manual tasks),
2. Has a record of physical or mental impairment,
3. Is regarded as having a substantial limiting physical or mental impairment, even though the impairment is unsubstantial or a reflection of the attitudes of others or nonexistent

Your name has been provided to me as the diagnosing professional; therefore I am requesting that you complete all sections of this original form and return to my office at the address listed below along with copies of all corresponding assessments conducted that have determined your diagnosis. I would greatly appreciate your prompt response so we can begin providing the appropriate services as soon as possible.

• **Diagnosis:**

• **DSM IV-TR Diagnosis:**

AXIS **I**: _____
Code

AXIS **II**: _____
Code

AXIS **III**: _____
Code

AXIS **IV**: _____
Code

- Does this condition interfere with one of the following major life activities?

___Walking___Hearing___Seeing___Breathing___Learning___speaking___Performing manual tasks

- Describe the functional limitations and/or behavioral manifestation of the diagnosed disability. Please provide recommendations re: reasonable and appropriate accommodations based on this individual’s functional limitations and/or behavioral manifestations.

Functional Limitation(s)/Behavior(s):

Recommendations for Accommodations:

- List any medication(s) prescribed and potential side effects which may affect the student in an academic setting:

- Describe information you have concerning this student’s strengths and weaknesses as they relate to academic success:

Doctor, Psychologist, or qualified Diagnosed Information:

Printed Name/Degree

Signature

License Number and State

Street Address

Phone Number Fax Number

City State Zip Code

Please return this completed form to:

Freda Cox-Harris, Dis. Svcs. Coord.
Student Support Services
Indiana University Northwest
3400 Broadway (HH237)
Gary, IN 46408
(219) 980-6941 – office
(219) 980-6974 - fax